

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND

1 Date of Request: 6/27/05

2 Serial/Patent # 10/517330

3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT
<input type="checkbox"/>	Filing			\$
<input type="checkbox"/>	Amendment			\$
<input type="checkbox"/>	Extension of Time			\$
<input type="checkbox"/>	Notice of Appeal/Appeal			\$
<input type="checkbox"/>	Petition			\$
<input type="checkbox"/>	Issue			\$
<input type="checkbox"/>	Cert of Correction/Terminal Disc.			\$
<input type="checkbox"/>	Maintenance			\$
<input type="checkbox"/>	Assignment			\$
<input checked="" type="checkbox"/>	Other <u>Search fee adjustment</u>			\$ <u>100</u>
		7 TOTAL AMOUNT OF REFUND	\$ <u>100</u>	
		8 TO BE REFUNDED BY:		
<input type="checkbox"/> 10 REASON:		<input type="checkbox"/> Treasury Check		
<input checked="" type="checkbox"/> Overpayment		<input checked="" type="checkbox"/> Credit Deposit A/C #:		
<input type="checkbox"/> Duplicate Payment		' <u>30--1659</u>		
No Fee Due (Explanation):				

11 REFUND REQUESTED BY:

TYPED/PRINTED NAME: Kiva Lewis(Baltimore)

TITLE: Paralegal Specialist

SIGNATURE: Chay B. Lewis

PHONE: (703)308-9140

ext 202

OFFICE: DO/ED

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APPROVED: _____

DATE: _____

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance
Refund Branch
Crystal Park One, Room 802B